

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37651

FILED DEC 6 1943

Registration District No. 13

Primary Registration District No. 3003

State File No.

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether)  
In this community 7 months (years, months or days)

3. (a) PRINT FULL NAME Martha Jane Fletcher

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife T.J. Fletcher 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased April 26 1864 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 11 hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name G.W. Garrett  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Naill  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant T.J. Fletcher  
(b) Address 212 Frisco, Monett, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/43 (Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Cemetery  
18. (a) Signature of funeral director Blankenship  
(b) Address Monett, Barry Co.  
19. (a) Oct 9 1943 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett (If outside city or town limits, write "RURAL")  
(d) Street No. 212 Frisco (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1943 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from April 1943 to October 1943; that I last saw her alive on October 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 1 year  
Essential Hypertension 3 years

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
23. Signature Do (M. D. or other)  
Address Monett, Mo. Date signed 10-9-43

RECEIVED

District Health Officer No. 6,

District File Number 1143-1268

Date Filed NOV 30 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*L H Blankenship*

Licensed Embalmer No. 2397

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.